

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

Caption in Compliance with D.N.J. LBR 9004-1(b)  
[Enter your name, address and telephone number]

ALUM & FERRER  
ATTORNEYS AT LAW  
501-70TH STREET-STE. 2  
GUTTENBERG, NJ 07093

In Re:  
[Enter the debtor's name(s)]

ADANURBY ORTIZ

Case No.: 10-47610  
[Enter the case number]  
Chapter: 7  
[Enter the chapter; example: 13]  
Hearing Date: 02/05/2019  
[Enter the hearing date]  
Judge: STACEY L. MEISEL  
[Enter the Judge's last name]

NOTICE OF MOTION TO

[Enter the relief sought] TO EXTEND TIME TO FILE REAFFIRMATION AGREEMENT

[Enter your name] LUIS A. ALUM has filed papers with the court to [Enter the relief sought] EXTEND TIME TO FILE REAFFIRMATION AGREEMENT

**YOUR RIGHTS MAY BE AFFECTED. You should read these papers carefully and discuss them with your attorney, if you have one in this bankruptcy case. (If you do not have an attorney, you may wish to consult one).**

If you do not want the court to grant this motion, or if you want the court to consider your views, you or your attorney must file with the clerk at the address listed below, a written response explaining your position no later than 7 days prior to the hearing date.

Hearing Date: 02/05/2019  
[Enter the date of the hearing]  
Hearing Time: 10:00 A.M  
[Enter the time of the hearing]  
Hearing Location: 50 WALNUT STREET  
[Enter the location of the hearing]  
NEWARK, NJ 07102  
Courtroom Number: 3A  
[Enter the courtroom number]

If you mail your response to the clerk for filing, you must mail it early enough so the court will receive it on or before 7 days prior to the hearing date.

You must also mail a copy of your response to:

*[Enter the trustee's name and address]*

*[Enter the name and address of all other parties who will be affected by this motion]*

If you, or your attorney, do not take the steps outlined above, the court may decide that you do not oppose the relief sought in the motion and may enter an order granting that relief.

Date: 01/15/2019  
*[Enter the date this document is signed]*

  
Signature *[Of the party seeking relief]*

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

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*[Enter your name, address and telephone number]*

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GUTTENBERG, NJ 07093**

**In Re:**  
*[Enter the debtor's name(s)]*

**ADANURBY ORTIZ**

**Case No.:** 10-47610  
*[Enter the case number]*

**Chapter:** 7  
*[Enter the chapter]*

**Hearing Date:** 02/05/2019  
*[Enter the hearing date]*

**Judge:** STACEY L. MEISEL  
*[Enter the judge's last name]*

**CERTIFICATION OF SUPPORT OF THE MOTION**

*[Enter the name of the person that has personal knowledge of the facts set forth below]*

I, *[Enter the name of the person that has personal knowledge of the facts set forth below]*

LUIS A. ALUM, *[Enter their relationship to the case. For example: debtor, creditor]* DEBTOR'S ATTORNEY in the above captioned case, submits this Certification in support of the Motion for *[Enter title of motion]* EXTENDING THE TIME

TO FILE A REAFFIRMATION AGREEMENT filed by me on *[Enter the date the motion was filed]* 01/15/2019.

1. *[Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a separate numbered paragraph.]* DEBTOR HAS AN AGREEMENT WITH CREDITOR SELECT PORTFOLIO SERVICING . THE ASPECT OF THE AGREEMENT IS INSTALLMENT PAYMENTS ON HER PROPERTY DESCRIBED AS 28 LUHMANN TERRACE , SECAUCUS, NJ 07094 WHICH IS HER ONLY PLACE OF RESIDENCE.

2. *[Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a separate numbered paragraph.]* DEBTOR FILED FOR BANKRUPTCY AND INCLUDED SAID AGREEMENT AS AN OUTSTANDING DEBT. HOWEVER, SHE IS CURRENT WITH HER PAYMENTS AND INDICATED THE INTENTION TO REAFFIRM HER DEBT.

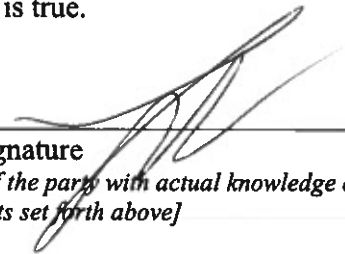
3. *[Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a separate numbered paragraph.]* PURSUANT TO THE DIRECTIONS IN THE BANKRUPTCY ACT, I PROCEEDED TO REQUEST THE REAFFIRMATION AGREEMENT FORM MENTIONED CREDITOR BUT THEY STILL NEED MORE TIME TO PROCESS AND REVIEW THE DOCUMENTS.

4. *[Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a separate numbered paragraph.]* THE DEBTOR IS CLOSE TO THE ORIGINAL DEADLINE TO FILE REAFFIRMATION AGREEMENT. THEREFORE, I AM REQUESTING THE EXTENSION OF TIME TO WORK WITH THE CREDITOR ON SAID REAFFIRMATION AGREEMENT.

5. *[Enter the facts on which you believe such relief should be granted. Each fact must be set forth in a separate numbered paragraph.]* \_\_\_\_\_

I certify under penalty of perjury that the above is true.

Date: 01/15/2019  
*[Enter the date this document is signed]*

  
Signature  
*[Of the party with actual knowledge of the facts set forth above]*

UNITED STATES BANKRUPTCY COURT  
DISTRICT OF NEW JERSEY

**Caption in Compliance with D.N.J. LBR 9004-1(b)**  
*[Enter your name, address and telephone number]*

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**In Re:**  
*[Enter the debtor's name(s)]*  
**ADANURBY ORTIZ**

**Case No.:** 10-47610  
*[Enter the case number]*

**Chapter:** 7  
*[Enter the chapter; example: 13]*

**Hearing Date:** 02/05/2019  
*[Enter the hearing date]*

**Judge:** STACEY L. MEISEL  
*[Enter the Judge's last name]*

**STATEMENT AS TO WHY NO BRIEF IS NECESSARY**

In accordance with D.N.J. LBR 9013-1(a)(3), it is respectfully submitted that no brief is necessary in the court's consideration of this motion, as it does not involve complex issues of law.

**Date:** 01/15/2019  
*[Enter date this document is signed]*

  
**Signature** *[Of party seeking relief]*

<b>UNITED STATES BANKRUPTCY COURT DISTRICT OF NEW JERSEY</b>	
<b>Caption in Compliance with D.N.J. LBR 9004-1(b)</b> <i>[Enter your name, address and phone number]</i>	
<b>ALUM &amp; FERRER ATTORNEYS AT LAW 501-70TH STREET-STE. 2 GUTTENBERG, NJ 07093</b>	
<b>In Re:</b> <i>[Enter the debtor's name(s)]</i>	<b>Case No.:</b> <u><b>10-47610</b></u> <i>[Enter the case number]</i>
<b>ADANURBY ORTIZ</b>	<b>Chapter:</b> <u><b>7</b></u> <i>[Enter the chapter of the case]</i>
	<b>Hearing Date:</b> <u><b>02/05/2019</b></u> <i>[Enter the hearing date]</i>
	<b>Judge:</b> <u><b>STACEY L. MEISEL</b></u> <i>[Enter the Judge's last name]</i>

### CERTIFICATION OF SERVICE

1. I, **LUIS A. ALUM**:
- ☒ represent **ADANURBY ORTIZ** in this matter.
- ☐ am the secretary/paralegal for \_\_\_\_\_, who represents  
\_\_\_\_\_ in this matter.
- ☐ am the \_\_\_\_\_ in this case and am representing myself.
2. On *[Enter the date you served the documents]* **01/15/2019**, I sent a copy of the following pleadings and/or documents to the parties listed in the chart below.
- [Place a check next to each document you served]*
- ☒ Notice of Motion *[Enter title of motion]* \_\_\_\_\_
- ☒ Certification in Support of Motion *[Enter title of motion]* \_\_\_\_\_
- \_\_\_\_\_

☒ Statement as to Why No Brief is Necessary

☒ Proposed Order Granting Motion *[Enter title of motion]* \_\_\_\_\_

☐ Other *[Enter title of document]* \_\_\_\_\_

3. I certify under penalty of perjury that the above documents were sent using the mode of service indicated.

Date: 01/15/2019  
*[Enter the date you signed this document]*

  
\_\_\_\_\_  
Signature *[Of the person who served the documents]*

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>SELECT PORTFOLIO SERVICING, INC</b>  <b>P.O. BOX 65250</b>  <b>SALT LAKE CITY, UT 84165-0250</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>AMTRUST BANK</b>  <b>P.O. BOX 94712</b>  <b>CLEVELAND, OH 44101</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>VALLEY NATIONAL BANK</b>  <b>1460 VALLEY RD</b>  <b>WAYNE, NJ 07470</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>AMCA</b>  <b>LCA LABORATORY CORP OF AMERICA</b>  <b>2269 S SAW MILL</b>  <b>ELMSFORD, NY 10523</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>



Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>B&amp;B COLLECTIONS MEADOWLANDS EMERGENCY MEDICAL ASSOCIATES P.O. BOX 2137 TOMS RIVER, NJ 08754</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>BANK OF AMERICA P.O. BOX 17054 WILMINGTON, DE 19850</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>CITY OF HOMESTEAD P.O BOX 31576 TAMPA, FL 31576</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>DYCK ONEAL INC 15301 spectrum dr ADDISON, TX 75001</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>FIRST AMERICAN ACCEPTANCE CO. HAYT, HAYT, &amp; LANDAU, LLC P.O. BOX 500 EATONTOWN, NJ 07724</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>

Name and Address of Party Served	Relationship of Party to the Case	Mode of Service
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>HSBC/LEVITZ P.O. BOX 15521 WILMINGTON, DE 19805</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>LVNV FUNDING LLC P.O. BOX 740281 HOUSTON, TX 77274</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>CAPITAL ONE P.O. BOX 515 NORCROSS, GA 30091</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>MEADOWLANDS EMERGENCY MEDICAL P.O. BOX 839 LIVINGSTON, NJ 07039</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>ALLIANCE FINANCIAL MANAGEMENT P.O. BOX 2565 WESTFIELD, NJ 07091</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>

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<p><i>[Enter the name and address of the party you served]</i></p> <p><b>SALLIE MAE P.O. BOX 9500 WILKES BARRE, PA 18773</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>SLEEP TECH OAK HILL PARK 1680 ROUTE 23, SUITE 400 WAYNE, NJ 07470</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>SUMMIT COLLECTION SERVICES 50 N FRANKLIN TPKE HO HO KUS, NJ 07423</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>UNIVERSITY PHYSICAL ASSOC. 550 S. JACKSON STREET LOUSVILLE, KY 40202</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>
<p><i>[Enter the name and address of the party you served]</i></p> <p><b>US DEPARTMENT OF EDUCATION P.O. BOX 5609 GREENVILLE, TX 75403</b></p>	<p><i>[Enter the party's relationship to the case]</i></p> <p><b>CREDITOR</b></p>	<p><input type="checkbox"/> Hand-delivered</p> <p><input checked="" type="checkbox"/> Regular mail</p> <p><input type="checkbox"/> Certified mail/ Return receipt requested</p> <p><input type="checkbox"/> Other _____</p> <p>(As authorized by the court or rule. Cite the rule if applicable.)</p>

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*[Enter your name, address and phone number]*

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**Chapter:** **7**  
*[Enter the case number]*

**Hearing Date:** **02/05/2019**  
*[Enter the hearing date]*

**Judge:** **STACEY L. MEISEL**  
*[Enter the Judge's last name]*

**ORDER GRANTING** **MOTION TO EXTEN TIME TO FILE REAFFIRMATION AGREEMENT**  
*[Enter the relief sought]*

The relief set forth on the following pages, numbered two (2) through *[enter the number of the last page of this Order]* \_\_\_\_\_ is **ORDERED**.

*[Leave the rest of this page blank]*